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| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS<br/>Application</b><br><br>Address to:<br><br>Commissioner for Patents<br>Washington, DC 20231 | <b>Application Number</b>   | 09/532,585       |
|                                                                                                                                        | <b>Filing Date</b>          | March 22, 2000   |
|                                                                                                                                        | <b>First Named Inventor</b> | Jun Kametani     |
|                                                                                                                                        | <b>Art Unit</b>             | 2664             |
|                                                                                                                                        | <b>Examiner Name</b>        | Not Yet Assigned |
|                                                                                                                                        | <b>Attorney Docket No.</b>  | K2635.0043/P043  |

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| Please change the Correspondence Address for the above-identified application to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                              |       |                      |                |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Customer Number         | <input type="text"/>                                         | →     | <input type="text"/> |                |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         | Customer Number Bar Code                                     |       |                      |                |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Firm or Individual Name | Steven I. Weisburd<br>DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP |       |                      |                |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         | 1177 Avenue of the Americas<br>41st Floor                    |       |                      |                |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         | New York                                                     | State | NY                   | Zip 10036-2714 |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         | US                                                           |       |                      |                |
| Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | (212) 835-1400                                               |       | Fax                  | (212) 997-9880 |
| <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or Agent of record (Steven I. Weisburd - Reg. No. 27,409).</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p> <p>RECEIVED<br/>OCT 02 2002<br/>Technology Center 2600</p> <p>Typed or Printed Name Steven I. Weisburd</p> <p>Signature </p> <p>Date October 1, 2002</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p> |                         |                                                              |       |                      |                |

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